

Competence & Compassion

by

Dr. Nauseen Bakht

Training Officer & CPD Coordinator, CMH Lahore Medical College

Medicine, as practiced today, is enough to put Hippocrates and Osler to shame. The ancient and modern fathers of medicine upheld that "Medicine is both, a science and an art". The medical text books have no dearth of their oft-repeated quotes on the subject. What is wrong with medical practice today, is not a trick question. Reflection shows that an obsession with "science" and a neglect of "art" is the root cause. Today we understand that medicine is an applied science, but its practice is an art. The mantra of science is competence. It is known for following a reductionist approach, fitting things neatly into sanctioned categories for measurement, comparison and replication. Art on the other hand advocates compassion. It promises a holistic approach, respects the individual and celebrates differences. It attempts to understand peculiar positions, individual idiosyncrasies and personal preferences. There are no two views that the "science of medicine" based on technology holds a promise for suffering humanity like in acute and intensive care settings. But even in ERs or ICUs as well as in all other areas, it is the "art of medicine" that prevails. A blissful union of the two is required. Without adopting this mind set, the lofty goal of alleviating the wrongs of medicine may not materialize.

The health care professionals of bygone eras treated every patient as unique. They genuinely attempted to understand their patients' values, beliefs and experiences. They understood the peculiar family, social and cultural contexts. Today, amidst our burgeoning practices, we have lost sight of the sanctity of doctor-patient relationship. The centrality of this dialogue has been dismissed as clichéd in an aristocratic nonchalant style. We have remained prisoners of our pathetic preoccupation with pesky personal agendas. Our yester year's slogan "We know what is best for you" has been deleterious for the practice. Our myopic self-focus and sheer ignorance of patients concerns has hindered our comprehension of the writing on the wall. The inability to gauge the importance of the "other" in doctor-patient dialogue has come with a price tag. Patient and attendant dissatisfaction, doctor shopping, poor

compliance, media trials and medico-legal problems are resultantly on the rise. Complementary and alternate medicine movements as well as quackery are gaining foothold while we still harbor an industrial age mentality. Our ignorance that the rules of game changed long ago is repugnant.

The image serves as a reminder for the ostentatious promise of helping the ailing humanity. A pledge dumped into the trash bin of memory long ago. It conjures a picture of an overcrowded OPD of a public sector hospital where the mantra is "OPD *mukao*" which is possible only if patients are seen by non-touch techniques. Due to uncontrolled work load, deficient human resource and nonexistent appointment system, the deluge of unsatisfied and irritable patients swarming the OPDs shows no signs of decline. This adhoc-ism is neither effective nor efficient. The patient's spontaneous talking time has never been high on the professionals' priority list but in this image, the satire has been taken to a whole new level by equating the duration of doctor-patient interaction with a mechanistic rotor device. The lampoon "one patient per ailment" not only signifies over specialization, but also the number game and a stark disregard for patient centred approach to sickness.

A profession that was once held in awe is steadily falling from grace. Its classiness has degraded into callousness. Doctors are increasingly being made objects of criticism and ridicule. The incidents of doctor abuse and manhandling are on the increase globally. It is high time that we let go of our insensitive behaviors. The patients do not judge the knowledge and technical prowess of their messiahs. However, they keenly observe and judge their interpersonal skills. They are constantly forming decisions whether they will be benefitting from a particular care taker or not. It is the need of the hour that we brush up our communication skills and embrace narrative based medicine (NBM) with the same fervor with which we embraced evidence based medicine (EBM). The future seems bleak if things proceed unchecked as the cost of inaction is unaffordable.

It is often argued that the expectations of patients and their attendants are unjustifiably high. In reality, what they ask of their caretakers is a humane, respectful and personalized service. This demand for service is in congruence with the profession's stated goals. The call for continuous quality improvement, exceeding customer demands and ensuring customer delight are not unjustified.

Patients are human beings worthy of respect and dignity. Ethical practice depends on gaining patient and family trust. An honest concern for their well-being

stresses upon working with them, educating them and mutually agreeing with them upon the treatment plan. Undivided attention, active listening and allowing them to air their concerns satisfactorily require time. An unhurried approach in the examination room, exhibiting excellent mannerism at the bedside, proper time management and good communication skills are essentially required.

Medical education propounds that we must teach and treat our students the way we treat our own children. I guess it is time that we care for our patients as we would our loved ones.